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AUTHOR Rubin, Alan M.; Rubin, Rebecca B.
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ABSTRACT

A survey of 128 hospital patients produced the following findings about hospital-home television viewing differences. Viewing motivations differed between home and hospital contexts. Patients indicated that television was used in the hospital more often to pass the time, but less frequently for information, entertainment, and relaxation, than in the home. Program preferances at home and in the hospital also differed. Patients preferred more comedies, news programs, and movies, but fewer variety, drama, and sports programs, when confined in the hospital. The amount of television viewing was significantly greater in the hospital than at home for those who rented the hospital's television service. A greater proportion of younger viewers than older viewers rented the hospital's television service. Younger patients differed from older patients in their home viewing behaviors/motivations, but not in their hospital viewing motivations or preferences. (Author/RL)

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TELEVISION VIEWING IN A HEALTH INSTITUTION

ALAN M. RUBIN and REBECCA B. RUBIN

Communication Discipline

University of Wisconsin-Parkside

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TELEVISION VIEWING IN A HEALTH INSTITUTION

Abstract

The aim of this study was to examine the television viewing motivations and behaviors of individuals in two contexts: at home and in the hospital. Past research has indicated that elderly individuals tend to rely more heavily on television as their "window to the world" and a parallel was drawn between people confined to a hospital room and the elderly. The main findings of this study are: (1) Viewing motivations differed between home and hospital contexts. Patients indicated that TV was used in the hospital more often to pass the time, but less frequently for information, entertainment, and relaxation as compared to the home environment. (2) Program preferences at home and in the hospital also differed. Patients preferred more comedies, news programs, and movies, but fewer variety, drama, and sports programs when confined in the hospital. (3) The amount of television viewing was significantly greater in the hospital than it was at home for those who rented the television service. (4) When looking at differences between younger and older patients several observations were apparent. A greater proportion of younger viewers than older viewers rented the television service. While home viewing reasons and program preferences differed for the younger and older viewers, little difference was observed in their hospital viewing motivations or preferences. This may lend support for the present comparison of the circumstances facing all confined individuals with those of the elderly.

TELEVISION VIEWING IN A HEALTH INSTITUTION

During the past two decades, a number of studies have investigated the reasons and their correlates for television viewing. Foley (1968) noted three broad categories of television functions, including social, withdrawal, and informational viewing motivations. McQuail, Blumler and Brown (1972) suggested a typology of four media functions: viewing for diversion, for personal relationships, for personal identity, and for surveillance. Greenberg (1974) found that children and adolescents watch television for several reasons: learning, habit, arousal, companionship, relaxation, forget, and pass time. Similarly, Rubin (1979) discovered that children and adolescents view television to pass time, for companionship, to forget, for arousal, for relaxation, and to learn. Rubin also noted several significant associations between these viewing motivations and program preferences.

These studies fall within the rubric of the uses and gratifications approach to studying mass communication. This perspective has three principal objectives. First, it seeks to discover how mass media are used by individuals to gratify their needs. Second, it attempts to explain reasons for specific media behavior, such as choice of television program content. Third, uses and gratifications emphasizes the functions and consequences of media use as a means to better understand the process of mass communication.

Uses and gratifications studies have dealt largely with the specific functions which the television medium serve for individuals within everyday social contexts. However, it has not been clear from the literature if there are changes in viewing motivations and habits when individuals

find themselves outside of their usual daily environments. One aim of the present investigation, then, is to assess the consistency between typical uses of television and viewing motivations when individuals are confined to a health institution. Specifically, are individuals' reasons for using television altered within the context of hospital confinement? What functions does television serve for people confined to a hospital? A second aim of the investigation is to compare television viewing habits both in typical social contexts and in hospital confinement. Do viewing habits (presumably to gratify viewing motivations) change significantly when an individual is confined? Two specific measures of viewing habits are considered in this study: amount of overall television viewing, and program preferences.

The area of this investigation is relatively new and exploratory. For example, in a recent study Jeffers, Ostman, and Atkinson (1979) discovered evidence of both the dominance of television use as compared to other media behavior and the passivity of television viewing for hospitalized mental patients. The very limited number of studies concerning institutional or confined (i.e., shut-in) viewing have often been subsumed under the domain of television and aging. The increasing age of many individuals in a hospital context also lends the present study to similar categorization. A third aim of this study is to assess the television viewing behaviors of the elderly at home and within the health institution. Are there significant differences between older and younger viewers in each context with regard to television viewing motivations and behaviors?

Television has been found to have tremendous importance in the lives of the elderly. DeGrazia (1961),Cowgill and Baulch (1962), and Schramm (1969) noted that television viewing is often the most frequently

identified daily and leisure activity of the elder person. Graney and Graney (1974) reported that attention to the mass media is the principal leisure-time activity of the elderly, and provides these people with a sense of participation in society. Hess (1974) observed that television viewing is an invaluable source of entertainment, information, and companionship for the aged. Wenner (1976) found that the older population places great importance on television's information function.

Regardless of the social setting in which the elderly find themselves, television viewing has been observed to be of great importance to this group. In two different studies Davis (1971, 1972) discovered that the elderly are extremely dependent upon television in higher mobility and educational level, suburban environments, as well as in lower mobility and educational level, urban areas. Schalinske (1968) found that viewing patterns of institutionalized elderly persons were quite similar to those of the general elderly population.

Several findings can also be noted with reference to the viewing program preferences of the elderly. Meyersohn (1961) observed that older persons prefer "concrete, non-fictional entertainment, in which they or people like them, play an important role" (p. 268). Davis (1971, 1972), and Davis, Edwards, Bartel and Martin (1976) discovered that the elderly primarily prefer news and public affairs programs, but also view situation comedies.

In addition to the questions of television's importance, audience social situation, and program preferences, the functions which television serves for the elderly have also been investigated.

Davis (1972, 1973) identified several functions which television

serves for the older viewer. First, television provides the elder person with a link to the environment (i.e., a "window to the world"), which amounts to a vicarious experiencing of life. Second, television program scheduling provides a model by which the elderly can bracket or structure the time periods of their day. Third, since the television set is easily and readily available for viewing, the elderly are provided with a feeling that they are "doing something." Fourth, companionship is provided by the medium and its programs and personalities. Television, then, becomes a tool or device of utility for the elderly.

Meyersohn (1961) described three conditions of an aging individual which prompt that person to view television: "First of all, he grows more sedentary; second, he has more leisure time; and third, he has fewer ties to the world." These conditions seem to predispose an older person to rely rather heavily on television viewing in the course of daily activities. Similarly, it can be observed that these conditions--sedentariness, increased leisure time, and reduced social ties--are also descriptive of a confined hospital environment. Davis (1975) stated that a summary of the literature "reflects a tendency to view television not as a means of improving the dependent, disengaged social circumstances of the aged, but merely as a means of making such circumstances tolerable" (p. C).

Davis and Edwards (1975) noted several major results in their investigation of television viewing behaviors in communal living facilities. Their audience viewed for an average of 3.41 hours each day, with peak viewing levels occurring at 7 p.m. The most frequently viewed programs included news and public affairs, followed by game shows, adventure/dramas,

and situation comedies. Movies, musical/variety programs, and talk shows were not very popular.

The three previously delineated aims of the present study encompass the principal research questions which have guided the investigation. First, what is the relationship between home and hospital reasons for viewing television? Second, what is the relationship between home and hospital television viewing behaviors? Third, what is the relationship between younger and older respondents' viewing motivations and behaviors in the home and hospital contexts? Three specific aspects of viewing behaviors will be examined: amount of viewing, program preference, and rental of the hospital's television service.

Procedures

Questionnaires were completed for 128 hospitalized patients in Racine, Wisconsin. After a training session in survey interview techniques, ten members of the hospital's Auxillary administered the television viewing questionnaire in face-to-face interviews with each patient in his or her room. The interviewing process took place within a 3-hour morning period in the middle of the week. This was to make certain that the hospital population was large and that all patients had spent at least the previous day in the hospital. All patients were confined to single rooms with each room containing one stationary television set for which a daily rental fee is charged. Those patients who were unable to respond were not included in the survey.

The questionnaire was structured into four main areas. First, patients were asked about their daily, home viewing habits before becoming hospital patients. In this section, questionnaire items included:

the number of hours patients typically watched television each day at home before entering the hospital; the reason or reasons they generally watched television at home; and their home program preferences.

Second, to determine viewing habits at the hospital, patients were asked if they were presently renting the television service in the hospital. Those who were renting the service were then asked questions similar to the home viewing items concerning their hospital viewing. They were asked to indicate: the amount of previous day, in-hospital viewing; reasons for their hospital television viewing; and the programs which they preferred watching on the previous day. Two independent coders classified home and hospital identified program preferences (97 percent agreement) and viewing reasons (98 percent agreement) into appropriate categories (Scott, 1955). Program preference categories included: news/information, comedy, drama/adventure, variety/music, talk/interview, sports, game shows, daytime serials, movies, and children's shows. Television viewing reasons or motivations included: habit, pass time, entertainment, learning/information, companionship, relaxation, escape/forget, social interaction, and specific program preference. In addition, respondents were requested to indicate during which hours of the preceeding day they watched television.

The third section dealt with preferences for possible alternative programming which the hospital staff was considering for a planned closed-circuit video system. Inasmuch as these results are beyond the scope of the present investigation, they will not be discussed in this paper.

Finally, demographic information was collected on the patients, including occupation, religious preference (with utility for the proposed closed-circuit programming , age, sex, and length of stay in the hospital. Appropriate statistical tests were performed on the data. Since age was

found to be the only demographic predictor of any viewing behaviors, it will be the only demographic variable discussed in this paper. The sample was 53.1 percent female and 46.9 percent male. The median length of a patient's stay in the hospital was 5.1 days, while the average length of confinement was 8.8 days.

Results

The initial research question concerns comparisons between home and hospital viewing reasons. The frequency of mention for all coded viewing motivations is presented in Table 1.

The relationship between home and hospital viewing motivations is highly significant ($X^2 = 72.01$, $df = 8$, $p < .001$, $C = .49$). Several apparent differences in mention of reasons can be observed. Four of the most frequently offered reasons for home television viewing--entertainment, learning/information, desire to view specific programs, and relaxation--all appear to be vastly less important reasons to view television once these individuals found themselves confined to the health institution. On the other hand, the overwhelming reason for these patients to watch television in the hospital is simply to pass the time of day. Viewing to pass time (also an important viewing reason of the elderly in the home environment--see Table 3) then becomes the most important reason for viewing television in the confined physical and social context of a hospital; television seems to become a useful device of passivity and time release, rather than an instrumental means of entertainment or information.

The second research question concerns relationships between viewing behaviors both at home and in the hospital. Two variables will be analyzed: the total amount of viewing and preferred program viewing.

The first relationship examined is the differences in viewing levels at home and in the hospital. The average number of hours usually viewed each day by the renters of the television service in the hospital context($\bar{X}$ = 5.09) and in their home environment ($\bar{X}$ = 3.66) differs significantly ($F = 5.87$, $df = 1/184$, $p < .05$). The mean number of home viewing hours for all respondents was 3.38 hours. Those who availed themselves of the television rental services in the hospital (68 percent of the sample), apparently viewed significantly greater quantities of television in the hospital than they did in their home environments.

The second relationship examined is the differences in preferred programs viewed at home and in the hospital. The frequency of mention for all coded programs is presented in Table 2.

Analysis of the data in the table indicates that the two contexts produced somewhat different results with regard to program preferences ($X^2 = 19.34$, $df = 9$, $p < .05$, $C = .22$). Several differences in identification of preferred programs can be noted. For example, there was an increase in the viewing of comedy shows, news programs and movies in the hospital. Perhaps, movies allow the patients to more readily pass larger segments of the day, while the confined, isolated situation produces more of a need to keep in touch with the outside environment. There was a decrease in the watching of sports and drama/adventure programs, and somewhat of a drop in viewing variety/music and talk/interview shows. Overall, though, the viewing of news and comedy programs remained a preference both at home and in the hospital.

The final research question addresses possible differences in the motivations for and patterns of viewing between hospitalized older and younger viewers in both the home and health institution contexts. It

must be noted that the use of "young" for this hospital sample is relative. The mean age of all patient respondents was 58.4 years, while the median age was 60.5 years. A median split was used to divide respondents into "younger" and "older" groups. Table 3 presents the relationship between age and home viewing reasons.

The relationship between age and home viewing reasons is significant ($X^2 = 16.22$, $df = 8$, $p < .05$, $C = .32$). While viewing for entertainment was the principal motivation for both age groups, several differences are apparent. Older viewers were inclined to identify information motivations somewhat more and pass time reasons substantially more frequently than did younger viewers. The younger group indicated more of a propensity for viewing to see specific programs and particularly for relaxation as compared to the older group.

The association between age and home preferred programs is presented in Table 4. The relationship is highly significant ($X^2 = 31.05$, $df = 9$, $p < .001$, $C = .33$). Several trends are obvious from the tabled data. Responses of the older group more readily included home program preferences of variety/music, talk/interview, and game shows as compared to those of the younger group. Younger viewers mentioned comedies and movies more frequently than did older viewers. Consequently, differences in home television uses and behaviors are readily apparent between the younger and older viewers in this study.

With regard to the hospital viewing reasons of the older and younger groups, the relationship is not statistically significant ($X^2 = 9.64$, $df = 7$, n.s.). Pass time was the principal reason for viewing in the hospital for both age groups. Over two-thirds of the younger group's responses and one-half of the older group's responses identified viewing to pass time as a principal television watching motivation. Viewing to

pass time was also a dominant viewing motivation for the older group in the home environment. A few slight differences between age groups, though, can be noted. Older viewers listed entertainment and companionship as hospital viewing reasons less often than did the younger viewers. However, older viewers mentioned viewing to learn/information, preference for specific programs, escapist viewing, relaxation, and viewing for social interaction more frequently than did the younger viewers. In short, the reasons of the older viewers were somewhat more diversified than those of the younger viewers.

Concerning age and hospital television viewing behaviors, several variables will be considered. First, more younger respondents (84 percent) rented the television services at the hospital than did older respondents (52 percent). This relationship is highly significant ($X^2 = 13.62$, $df = 1$, $p < .001$). Second, among those who rented the service, younger viewers watched greater amounts of television ($\bar{X} = 5.21$ hours) than did older viewers ($\bar{X} = 4.89$ hours) in the hospital; however, this association is not significant ($t = 0.32$, $df = 83$, n.s.).

Third, Table 6 presents the relationship between age and hospital program preferences. As was the case with hospital viewing reasons, the relationship between age group and hospital program preferences is not statistically significant ($X^2 = 10.78$, $df = 9$, n.s.). Both older and younger confined groups favored comedy shows, followed by news programs. While many younger viewers seem to prefer their drama in evening adventure shows, more older viewers consume their drama in daytime serials. The older group also seems to be watching somewhat more sports programs than the younger group, but fewer movies.

Finally, Figure 1 superimposes patterns of viewing by hospital

television renters according to total sample and age group. Trends appear to be rather similar during most of the day. For example, the greatest percentage of total, older, and younger group viewing occurred between 8 p.m. and 9 p.m. Of significant note is the fact that there is a unique trend for the older group. Three definite peaks are observable for the older viewers which seem to correspond to some of their program viewing: game shows (from 10 a.m. to 11 a.m.); daytime serials (from 1 p.m. to 3 p.m.); and comedies (from 8 p.m. to 9 p.m.). Younger viewers apparently watched in significantly greater numbers from 3 p.m. to 4 p.m. ($X^2 = 3.24$, $df = 1$, $p < .07$, phi = .19), from 10 p.m. to 11 p.m. ($X^2 = 5.51$, $df = 1$, $p < .05$, phi = .25), and from 11 p.m. to midnight ($X^2 = 4.39$, $df = 1$, $p < .05$, phi = .23). Significantly more of the older group seem to have viewed between 1 p.m. and 2 p.m. ($X^2 = 5.08$, $df = 1$, $p < .05$, phi = .24).

Discussion

This investigation is an early, exploratory attempt at studying a neglected area in mass communication research. Both health institutions (as well as other contexts of physical and social confinement) and the aged have been too often ignored by mass communication investigators. With the expansion of closed-circuit video systems within hospitals, and with the increase in the life-span and affluence of many elder persons, a very important area for mass communication researchers has recently begun to emerge. That topic, television uses and behaviors in a health institution, with comparative relevance to the elderly, has been the subject of this investigation.

Initially, this study compared different social and physical contexts of television viewing motivations and behaviors. Similar to the summary findings of previous research, television viewing appears to be an important activity for this group of respondents. Sheer volume of viewing levels both at home and in a confined environment, as well as the per-

centages of those who pay to rent a hospital's television services, lend support to this view of the importance of and dependence upon television. Also consistent with earlier research, regardless of social setting or environmental context, television viewing remains a most important activity.

Television program preferences and viewing reasons were found to be somewhat different between home and hospital contexts. Viewing to pass time in particular, seems to take on new and important meaning for both the elderly and confined individuals. Viewing to pass time, a principal use of television by the aged in their home environments, also becomes the primary motivation for watching television in the hospital context of isolation. This motivation becomes a much more important motivation and a reason of specific utility for patients confined to a hospital. This would seem to be consistent with the views suggested by Meyersohn (1961) and Davis (1975) of the sedentary nature of aging and the need to fill idle, leisure time. Perhaps, viewing to pass time, though, becomes a more purposeful, constructive, utilitarian function of television in a confined environment. The concept of a context of isolation may have as important heuristic value as does the concept of aging. This conception of a parallel between patterns of the elderly and those of the institutionalized is consistent with the observation of Schalinske (1968).

Differences were noted between the television behaviors of the younger and older groups at home. For the elderly in their home environments, some findings of the present study are consistent with those of Hess (1974) and Wenner (1976). Entertainment and information were two important home viewing motivations for the older group. Similar to the

findings of Davis (1971, 1972) and Davis, Edwards, Bartel and Martin (1976), the elderly were observed in the present investigation to favor watching comedy and news programs at home.

Within the hospital environment, younger viewers do seem to be more frequent renters and somewhat greater viewers of television. Otherwise, few differences were discerned with regard to viewing reasons and program preferences of the older and younger groups within the confined context. It may be that within a confined environment such as a hospital, television provides all viewers, regardless of age, with a "window to the world." This finding of the present study, in which the mean age of the sample was nearly 60 years, is readily consistent with several of the functions (Davis, 1972, 1973) which television serves for the older viewer. For these respondents in the hospital sample, television functions to provide a link to the outside environment, to provide companionship, and to offer a sense of keeping occupied. Future investigations need to explore and expand upon the potential parallel of the functions which television serves for both confined and aged groups.

In addition, an initial look at the vast decline in information/learning as a viewing motivation in the hospital may indicate an attempt on the part of those confined to match their present physically and socially isolated environment. The respondents in this sample would seem to lose much of their concern for the events and persons of their mass-mediated environment. In short, patients may feel that their personal troubles need not be aggravated by attention to the problems of the outside world. However, this decrease in elicited viewing reasons is not matched by a corresponding decrease in watching news programs.

In fact, hospital viewers preferred greater proportions of news programs than did home viewers. We are, therefore, left with a seemingly contradictory and perplexing situation to seek analysis of in subsequent research.

In comparison to the results of the study by Davis and Edwards (1975), the hospital viewers in the present sample watched television for longer periods each day (5.09 hours compared to 3.41 hours). The tri-modal viewing levels reported for the older group corresponded well to their identification of preferred television programs. The peak viewing levels for both age groups occurred between 8 p.m. and 9 p.m. This compares to the 7 p.m. peak reported by Davis and Edwards, and corresponds with the end of daily visiting hours at the hospital. Television, then, would indeed seem to provide these confined viewers with a viable method of passing time during socially isolated times. Similar to the findings of Davis and Edwards, the hospitalized respondents in the present investigation consistently preferred comedies and news programs. They also to a large extent shunned musical/variety programs and talk shows. However, not consistent with that earlier study, the present sample seemed also to favor movie viewing in the hospital (although movies were viewed more by the younger than by the older group). Questions regarding the consistency of these television viewing-behavior findings need to be further addressed in future investigations, along with questions of how these behaviors gratify viewing motivations.

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TABLE 1

HOME AND HOSPITAL VIEWING REASONS

REASONS:	Home Reasons (N=153)	Hospital Reasons (N=75)
Entertainment	25.5%	9.3%
Specific Programs	22.2	13.3
Learning/Information	20.9	2.7
Pass Time	13.7	61.3
Relaxation	12.4	1.3
Companionship	3.3	5.3
Escape/Forget	0.7	5.3
Social Interaction	0.7	1.3
Habit	0.7	0.0

$X^2=72.01$, df=8, $p < .001$

TABLE 2

HOME AND HOSPITAL PREFERRED PROGRAMS

PROGRAMS:	Home Programs (N=242)	Hospital Programs (N=154)
Comedy	17.8%	24.0%
Sports	14.5	8.4
News/Information	14.0	19.5
Drama/Adventure	14.0	8.4
Daytime Serials	10.3	13.6
Game Shows	9.9	7.8
Variety/Music	8.7	4.5
Talk/Interview	5.8	2.6
Movies	4.1	9.1
Children's Shows	0.8	1.9

$X^2=19.34$, df=9, $p < .05$

TABLE 3

HOME VIEWING REASONS X AGE

REASONS:	Reasons of Younger Viewers (N=73)	Reasons of Older Viewers (N=80)
Entertainment	26.0%	25.0%
Specific Programs	26.0	18.8
Learning/Information	19.2	22.5
Relaxation	19.2	6.3
Pass Time	5.5	21.3
Companionship	2.7	3.8
Social Interaction	1.4	0.0
Escape/Forget	0.0	1.3
Habit	0.0	1.3

X^2=16.22, df=8, $p < .05$

TABLE 4

HOME PREFERRED PROGRAMS X AGE

PROGRAMS:	Programs of Younger Viewers (N=110)	Programs of Older Viewers (N=132)
Comedy	25.5%	11.4%
Sports	18.2	11.4
Drama/Adventure	15.5	12.9
News/Information	14.5	13.6
Daytime Serials	7.3	12.9
Movies	7.3	1.5
Game Shows	5.5	13.6
Variety/Music	3.6	12.9
Talk/Interview	1.8	9.1
Children's Shows	0.9	0.8

X^2=31.05, df=9, $p < .001$

TABLE 5

HOSPITAL VIEWING REASONS X AGE

REASONS:	Reasons of Younger Viewers (N=45)	Reasons of Older Viewers (N=30)
Pass Time	68.9%	50.0%
Entertainment	11.1	6.7
Specific Programs	8.9	20.0
Companionship	6.7	3.3
Escape/Forget	4.4	6.7
Learning/Information	0.0	6.7
Relaxation	0.0	3.3
Social Interaction	0.0	3.3

X^2=9.64, df=7, n.s.

TABLE 6

HOSPITAL PREFERRED PROGRAMS X AGE

PROGRAMS:	Programs of Younger Viewers (N=101)	Programs of Older Viewers (N=53)
Comedy	25.7%	20.8%
News/Information	19.8	18.9
Daytime Serials	11.9	17.0
Movies	11.9	3.8
Drama/Adventure	9.9	5.7
Game Shows	6.9	9.4
Sports	5.0	15.1
Variety/Music	4.0	5.7
Children's Shows	3.0	0.0
Talk/Interview	2.0	3.8

X^2=10.78, df=9, n.s.

FIGURE 1

FREQUENCY POLYGON OF HOSPITAL TV VIEWING